

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 13 PM 3:47

DOCUMENT #

P99000013131

1. Corporation Name

INTERNATIONAL FINANCIAL MORTGAGE GROUP, CORP.

2. Principal Office Address

3191 CORAL WAY

Suite, Apt. #, etc.

639

City & State

MIAMI, FLORIDA

Zip

33145

Country

DADE

3. Mailing Office Address

3191 CORAL WAY

Suite, Apt. #, etc.

639

City & State

MIAMI, FLORIDA

Zip

33145

Country

DADE

REINSTATEMENT

00

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 1, 1999

5. FEI Number

65-0910763

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AGUSTIN ZABALA

Street Address (P.O. Box Number is Not Acceptable)

8811 SW 132 PLACE

Suite, Apt. #, Etc.

APT # C-301

City

MIAMI

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****758.75 ****758.75

State

FL

Zip Code

33186

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/10/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V. PRESIDENT	ELAINE EMMINGER	6484 INDIAN CREEK DRIVE APT. 232	MIAMI BEACH, FL 33141

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-2000 305-442-7115

Date

Daytime Phone #

CR2E081 (9/99)